

Plan of Correction

Program Name: Main Gate Counseling Services	Date Submitted: 03/23/18	Date Due: 04/23/18
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Administrative POC-1

Rule #: 67:61:04:01	Rule Statement: Policies and procedures manual. Each agency shall have a policy and procedure manual to establish compliance with this article and procedures for reviewing and updating the manual	
Area of Noncompliance: The policy and procedure manual references the old rules of 46:05.		
Corrective Action (policy/procedure, training, environmental changes, etc): The New Policies were presented to the Board of Directors for review and then a staff in service was held to review & discuss the Policies & the immediate implementation of those policies.		Anticipated Date Achieved/Implemented: Date 4/9/18
Supporting Evidence: Copies of new Policies are attached		Person Responsible: Cathy Mayes
How Maintained: Director will maintain education to staff and review for implementation. All new staff will be educated on the Policies & Procedures for the facility.		Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-2

Administrative POC-2	
Rule #: 67:61:02:20	Rule Statement: Changes requiring notification. An accredited agency shall notify the division director before: a change in the agency director, a reduction in services provided by the agency, or an impending closure of the agency for a determination on continued accreditation. An accredited agency shall give the division 30 days written notice of closure. The agency shall provide the division written documentation ensuring safe storage of financial records for at least six years from the date of closure, and of client case records for a minimum of six years from closure required by 42 C.F.R. § 2.19 (June 9, 1987), disposition of records by discontinued programs. The division may assist in making arrangements for the continuation of services to clients by another accredited agency before the closing.
Area of Noncompliance: The requiring notification policy was missing or could not be found in the review of policy and procedures manual.	
Corrective Action (policy/procedure, training, environmental changes, etc): 67:61:02:20 Was put into effect on 4/9/18 and the Staff & the Board of Directors have reviewed & approved the implementation of this Policy	Anticipated Date Achieved/Implemented: Date 4/9/18
Supporting Evidence: Copy of Policy 67:61:02:20 is enclosed with this information.	Person Responsible: Cathy Mayes
How Maintained: The Policies & Procedures will be reviews Quarterly for the Next year & then on a Yearly basis by the Director and presented to the Board of Directors for review. Staff education will be implemented to assure staff understanding & implementation of this policy.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-3

Rule #: 67:61:02:21	Rule Statement: Sentinel event notification. Each accredited agency shall make a report to the division within 24 hours of any sentinel event including; death not primarily related to the natural course of the client's illness or underlying condition, permanent harm, or severe temporary harm, and intervention required to sustain life.	
	<p>The agency shall submit a follow-up report to the division within 72 hours of any sentinel event and the report shall include:</p> <ol style="list-style-type: none"> 1) A written description of the event; 2) The client's name and date of birth; and 3) Immediate actions taken by the agency. <p>Each agency shall develop root cause analysis policies and procedures to utilize in response to sentinel events.</p> <p>Each agency shall also report to the division as soon as possible: any fire with structural damage or where injury or death occurs, any partial or complete evacuation of the facility resulting from natural disaster, or any loss of utilities, such as electricity, natural gas, telephone, emergency generator, fire alarm, sprinklers, and other critical equipment necessary for operation of the facility for more than 24 hours.</p>	
Area of Noncompliance: The sentinel event policy was missing or could not be found in the review of policy and procedures manual.		
Corrective Action (policy/procedure, training, environmental changes, etc): 67:61:02:21 Was put into effect on 4/9/18 and the Staff & the Board of Directors have reviewed & approved the implementation of this Policy		Anticipated Date Achieved/Implemented: Date 4/9/18
Supporting Evidence: Copy of Policy 67:61:02:21 is enclosed with this information; as well as; the New Sentinel Event Reporting Form.		Person Responsible: Cathy Mayes
How Maintained: The Policies & Procedures will be reviews Quarterly for the Next year & then on a Yearly basis by the Director and presented to the Board of Directors for review. Staff education will be implemented to assure staff understanding & implementation of this policy. Staff will document & report this information & provide for the Director to be submitted to the Division with 24-hours.		Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-4

Contact Attachment 1	Rule Statement: Contract Statement: <u>Populations to be Served</u> <p>It is the intent of the Division of Behavioral Health to fund services in South Dakota for residents living in South Dakota. It is the Division's expectation that state funds be targeted to those citizens of South Dakota in need of substance use disorder and gambling treatment services.</p> <p>A. Priority Populations</p> <p>Target populations to be served under the contract, in order of priority for State and Federal funds paid to the agency, and in accordance with 45 CFR 96.124 and 45 CFR 96.131, are as follows:</p> <ol style="list-style-type: none"> 1) Pregnant Women <ol style="list-style-type: none"> a) Agencies must ensure that each pregnant woman in the state who seeks or is referred for and would benefit from treatment is given preference in admissions to treatment facilities receiving block grant funds. b) The agency shall publicize by public service announcement or street outreach
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	<p>programs the availability to such women of these treatment services designed for pregnant women and women with dependent children.</p> <p>c) Services for pregnant women/women with dependent children must comply with the provisions set forth in 45 CFR Sec. 96.124.</p> <p>d) Pregnant Women who are also Intravenous Drug Users are the highest priority for services.</p> <p>2) Intravenous Drug Users</p> <p>a) The agency shall develop and implement a program of outreach services to identify individuals in need of treatment for their intravenous drug use and to encourage the individual to undergo treatment for such use.</p> <p>b) The agency shall maintain a record of outreach services provided to intravenous drug users.</p> <p>c) Services for intravenous drug users must comply with the provisions set forth in 45 CFR 96.124 and 45 CFR 96.131.</p> <p>d) The agency shall develop and implement a policy to ensure that they will not distribute sterile needles or distribute bleach for the purpose of cleaning needles and shall develop and implement a policy to ensure they will not carry out any testing for the acquired immune deficiency syndrome without appropriate pre- and post-test counseling.</p> <p>3) Adolescents</p>
<p>Area of Noncompliance: To publicize priority services for pregnant women, women with dependent children, and IV users and also needs to be documented.</p>	
<p>Corrective Action (policy/procedure, training, environmental changes, etc): Attachment 1: Population Served: Was put into effect on 4/9/18 and the Staff & the Board of Directors have reviewed & approved the implementation of this Policy/Attachment.</p>	<p>Anticipated Date Achieved/Implemented: Date 4/9/18</p>
<p>Supporting Evidence: Copy of Attachment: Population Served: is enclosed with this information</p>	<p>Person Responsible: Cathy Mayes</p>
<p>How Maintained: The Policies & Procedures will be reviews Quarterly for the Next year & then on a Yearly basis by the Director and presented to the Board of Directors for review. Staff education will be implemented to assure staff understanding & implementation of this policy. This agency currently works with DSS and assist with Pregnant women & women with small children; as well as; local Physicians & hospitals.</p>	<p>Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/></p>

Administrative POC-5	
<p>Rule #: 67:61:06:02</p>	<p>Rule Statement: Guaranteed rights. A client has rights guaranteed under the constitution and laws of the United States and the state of South Dakota including:</p> <ol style="list-style-type: none"> 1) The right to refuse extraordinary treatment as provided in SDCL <u>27A-12-3.22</u>; 2) The right to be free of any exploitation or abuse; 3) The right to seek and have access to legal counsel; 4) To have access to an advocate as defined in subdivision 67:61:01:01(4) or an employee of the state's designated protection and advocacy system; 5) The right to confidentiality of all records, correspondence, and information relating to assessment, diagnosis, and treatment in accordance with the confidentiality of records requirements of the Substance Abuse and Mental Health Services Administration, 42 U.S.C. §§ 290 dd-2 (January 7, 2011), the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. Part 2 (June 9, 1987), and the security and privacy of HIPAA, 45 C.F.R. Part 160 and 164 (September 26, 2016); and 6) The right to participate in decision making related to treatment, to the greatest extent possible.

Area of Noncompliance: The client rights forms were missing two of the six requirements.	
Corrective Action (policy/procedure, training, environmental changes, etc): 67:61:06:02: Was put into effect on 4/9/18 and the Staff & the Board of Directors have reviewed & approved the implementation of this Policy/Attachment.	Anticipated Date Achieved/Implemented: Date 4/9/18
Supporting Evidence: Copy of Attachment: Population Served: is enclosed with this information, as well as, a copy of the Revised Client's Rights Forms.	Person Responsible: Cathy Mayes
How Maintained: The Policies & Procedures will be reviews Quarterly for the Next year & then on a Yearly basis by the Director and presented to the Board of Directors for review. Staff education will be implemented to assure staff understanding & implementation of this policy.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Client Chart POC-1	
Rule #: 67:61:07:10	Rule Statement: Transfer or discharge summary. A transfer or discharge summary shall be completed upon termination or discontinuation of services within five working days. A transfer or discharge summary of the client's problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan shall be maintained in the client case record. A process shall be in place to ensure that the transfer or discharge is completed in the MIS. If a client prematurely discontinues services, reasonable attempts shall be made and documented by the center to re-engage the client into services if appropriate.
Area of Noncompliance: In review of the charts, all clients who left prematurely had no documentation of attempts to re-engage clients into services.	
Corrective Action (policy/procedure, training, environmental changes, etc): 67:61:07:20: Was put into effect on 4/9/18 and the Staff & the Board of Directors have reviewed & approved the implementation of this Policy/Attachment.	Anticipated Date Achieved/Implemented: Date 4/9/18
Supporting Evidence: Copy of Attachment: Population Served: is enclosed with this information, as well as, a copy of the Client's Transfer / Discharge Summary and a copy of the Collateral Contact Form which will be utilized to document any attempts to contact the client or the client's contact with the facility.	Person Responsible: Cathy Mayes
How Maintained: The Policies & Procedures will be reviews Quarterly for the Next year & then on a Yearly basis by the Director and presented to the Board of Directors for review. Staff education will be implemented to assure staff understanding & implementation of this policy.	Board Notified: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Program Director Signature: Cathy Mayes, CCDCI / Director <i>Cathy Mayes CCDCI / Director</i>	Date: 4/9/18
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Send Plan of Correction to:
Accreditation Program
Department of Social Services
Division of Behavioral Health
811 E. 10th Street, Dept. 9
Sioux Falls, SD 57103
DSSBHAccred@state.sd.us

SUBJECT: Administrative POC-2
POLICY #: 67:61:02:20
PURPOSE: Define Organization

Reviewed by: Board of Director

Review Date: 3/30/18

67:61:02:20. Changes requiring notification. An accredited agency shall notify the division director before: a change in the agency director, a reduction in services provided by the agency or an impending closure of the agency for a determination on continued accreditation.

An accredited agency shall give the division 30 days written notice of closure. The agency shall provide the division written documentation ensuring safe storage of financial records for at least six years from the date of closure and of client case records for a minimum of six years from closure required by 42 C.F.R. & 2.19 (June 9, 1987), disposition of records by discontinued programs. The division may assist in making arrangements for the continuation of services to clients by another accredited agency before closing.

SUBJECT: Sentinel Event Nonfiction

POLICY #: 67:61:02:21

PURPOSE: Define Organization

Reviewed by: Board of Director

Review Date: 3/30/18

67:61:02:21. Each accredited agency shall make a report to the division within 24 hours of any sentinel event including; death not primarily related to the natural course of the client's illness or underlying condition, permanent harm, or severe temporary harm and intervention required to sustain life.

The agency shall submit a follow-up report to the division within 72 hours of any sentinel event and the report shall include:

- 1) A written description of the event
- 2) The client's name and date of birth; and
- 3) Immediate action taken by the agency

Each agency shall develop root cause analysis policies and procedures to utilize in response to sentinel events.

Each agency shall also report to the division as soon as possible: any fire with structural damage or where injury or death occurs, any partial or complete evacuation of the facility resulting from natural disaster, or any loss of utilities, such as electricity, natural gas, telephone, emergency generator, fire alarm, sprinklers and other critical equipment necessary for operation of the facility for more than 24 hours.

Main Gate Counseling Services

Sentinel Event Notification

Date: _____ Time: _____

Reported by: _____

Client's name: _____ Unique ID: _____

Information to be reported:

Report filed to: _____ Date: _____

Actions taken:

Director's Signature: _____ Date: _____

SUBJECT: Administrative POC-4
POLICY: Attachment 1
PURPOSE: Define Organization

Reviewed by: Board of Director

Review Date: 3/30/18

Rule Statement: Contract Statement:
Populations to be Served

It is the intent of the Division of Behavioral Health to fund services in South Dakota for residents living in South Dakota. It is the Division's expectation that state funds be targeted to those citizens of South Dakota in need of substance use disorder and gambling treatment services.

A. Priority Populations

Target populations to be served under the contract, in order of priority for State and Federal funds paid to the agency, and in accordance with 45 CFR 96.124 and 45 CFR 96.131, are as follows:

1.) Pregnant Women

- a.) Agencies must ensure that each pregnant woman in the state who seeks or is referred for and would benefit from treatment is given preference in admissions to treatment facilities receiving block grant funds.
- b.) The agency shall publicize by public service announcement or street outreach programs the availability to such women of these treatment services designed for pregnant women and women with dependent children.
- c.) Services for pregnant women/women with dependent children must comply with the provisions set forth in 45 CFR Sec. 96.124.
- d.) Pregnant Women who are also Intravenous Drug Users are the highest priority for services.

2.) Intravenous Drug Users

- a.) the agency shall develop and implement a program of outreach services to identify individuals in need of treatment for their intravenous drug use and to encourage the individual to undergo treatment for such use.
- b.) The agency shall maintain a record of outreach services provided to intravenous drug users.
- c.) Services for intravenous drug users must comply with the provisions set forth in 45 CFR 96.124 and 45 CFR 96.131.
- d.) the agency shall develop and implement a policy to ensure that they will not distribute sterile needles or distribute bleach for the purpose of cleaning needles and shall develop and implement a policy to ensure they will not carry out any testing for the required immune deficiency syndrome without appropriate pre and post-testing counseling.

SUBJECT: Client's Rights/Guaranteed Rights – Administrative POC - 5
POLICY # 67:61:06:02
PURPOSE: To Insure That Client Rights Are Upheld

REVIEWED BY: Board of Directors

REVIEW DATE: 3/30/18

POLICY: # 67:61:06:02

Rule Statement: Guaranteed rights. A client has rights guaranteed under the constitution and laws of the United States and the state of South Dakota including:

- 1.) The right to refuse extraordinary treatment as provided in SDCL 27A-12-3.22;
- 2.) The right to be free of any exploitation or abuse;
- 3.) The right to seek and have access to legal counsel;
- 4.) To have access to an advocate as defined in subdivision 67:61:01:01 (4) or an employee of the state's designated protection and advocacy system;
- 5.) The right to confidentiality of all records, correspondence, and information relating to assessment, diagnosis, and treatment in accordance with the confidentiality of records requirements of the Substance Abuse and Mental Health Services Administration, 42 U.S.C. 290dd-2 (January 7, 2011), the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. Part 2 (June 9, 1987), and the security and privacy of HIPAA 45 C.F.R. Part 160 and 164 (September 26, 2016); and
- 6.) The right to participate in decision making related to treatment, to the greatest extent possible.

CLIENT'S RIGHTS

Rule Statement: Guaranteed rights. A client has rights guaranteed under the constitution and laws of the United States and the state of South Dakota including:

- 1.) The right to refuse extraordinary treatment as provided in SDCL 27A-12-3.22;
- 2.) The right to be free of any exploitation or abuse;
- 3.) The right to seek and have access to legal counsel;
- 4.) To have access to an advocate as defined in subdivision 67:61:01:01 (4) or an employee of the state's designated protection and advocacy system;
- 5.) The right to confidentiality of all records, correspondence, and information relating to assessment, diagnosis, and treatment in accordance with the confidentiality of records requirements of the Substance Abuse and Mental Health Services Administration, 42 U.S.C. 290dd-2 (January 7, 2011), the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. Part 2 (June 9, 1987), and the security and privacy of HIPAA 45 C.F.R. Part 160 and 164 (September 26, 2016); and
- 6.) The right to participate in decision making related to treatment, to the greatest extent possible.

Client Signature

Date

Counselor Signature

Date

SUBJECT: Discharge Summary Content – Client Chart POC-1

POLICY # 67:61:07:10

PURPOSE: Discharge Timeline and Content

Reviewed by: Board of Directors

Review Date: 3/30/18

Rule Statement: Transfer or discharge summary. A transfer or discharge summary shall be completed upon termination or discontinuation of services within five working days. A transfer or discharge summary of the clients problems, course of treatment, and progress toward planned goals and objectives identified in the treatment plan shall be maintained in the client case record. A process shall be in place to ensure that the transfers or discharge is completed in the MIS.

If a client prematurely discontinues services, reasonable attempts shall be made and documented by the center to re-engage the client into services if appropriate.

Main Gate Counseling Services

COLATERAL CONTACT SHEET

Date: _____ Time: _____ Reason: _____

Date: _____ Time: _____ Reason: _____

Date: _____ Time: _____ Reason: _____

Date: _____ Time: _____ Reason: _____

Date: _____ Time: _____ Reason: _____

Date: _____ Time: _____ Reason: _____

Date: _____ Time: _____ Reason: _____

Date: _____ Time: _____ Reason: _____

Date: _____ Time: _____ Reason: _____

Date: _____ Time: _____ Reason: _____

Date: _____ Time: _____ Reason: _____

Date: _____ Time: _____ Reason: _____

Main Gate Counseling
DISCHARGE / TRANSFER SUMMARY

Client Name:
Client Number:
Start Date:
Discharge Date:
Counselor:

LEVEL OF CARE:

☐ Level I- Outpatient Treatment / Individual
☐ Level II.1 – Intensive Outpatient Treatment

REASON FOR ADMISSION:

Client has been recommended to attend & completed a

DSM IV DIAGNOSIS AT ADMISSION:

Primary:
Secondary:

DSM IV DIAGNOSIS AT DISCHARGE:

Primary:
Secondary:

REASON FOR DISCHARGE:

Successful Completion of the Programs
Did Not Complete the Program
Neutral Termination from the Program

INDICATORS OF PROGRESS:

Completion of a minimum of 60 hours of service.
Resolution of Treatment Plan objectives.
Completion of an autobiography, which was shared with the group.
Identification of patterns of use and the progression of substance dependence or abuse.
Identification of Thinking Errors and tactics.
Recovery and Relapse Prevention Plan

It is appropriate to transfer or discharge the patient from the present level of care if he or she meets the following criteria:

☐ Yes ☐ No ☐ NA

The patient has achieved the goals articulated in his or her individualized treatment plan, thus resolving the problems that justified admission to the present level of care;

or

☐ Yes ☐ No ☐ NA

The patient has been unable to resolve the problems that justified admission to the present level of care, despite amendments to the treatment plan. Treatment at another level of care or type of service therefore is indicated;

or

☐ Yes ☐ No ☐ NA

The patient has experienced an intensification of his or her problems or has developed a new problem and can be treated effectively only at a more intensive level of care.

SUMMARY OF COURSE IN TREATMENT:

Dimension I: Acute Alcohol and/or Other Drug Intoxication and/or Potential Withdrawal:

Problem:

Rational for Discharge:

Progress:

Dimension II: Biomedical Conditions and Complications:

Problem:

Rational for Discharge:

Progress:

Dimension III: Emotional/Behavioral/Cognitive Conditions and Complications:

Problem:

Rational for Discharge:

Progress:

Dimension IV: Readiness to Change:

Problem:

Rational for Discharge:

Progress:

Dimension V: Relapse/Continued Use or Continued Problem Potential:

Problem:

Rational for Discharge:

Progress:

Dimension VI: Recovery Environment:

Problem:

Rational for Discharge:

Progress:

PROGNOSIS:

Explanation:

RECOMMENDATIONS:

1. Abstain from all mood-altering substances.
2. Abstain from chemical using peers.
3. Attend AA/NA meetings on a regular basis.
4. Obtain a sponsor
5. None.
6. None.
7. None.

Counselor:

Counselor Signature: _____

Date: _____